



DEVELOPMENTAL SERVICES DIVISION

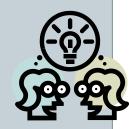
CHILDREN'S MENTAL HEALTH BUREAU

OCTOBER 2011 (REPLACES ALL PRIOR DATED VERSIONS)

Purpose of Today's Training



- To thank all service providers, mental health outpatient billers, and other child serving agencies for your participation today and your interest in serving youth needing mental health services.
- Provide an overview of CMHB
- To review recent policy changes affecting children's mental health services
- To review upcoming opportunities and to answer questions from participants





ission: o provide

collaborative leadership in

an integrated system of

care for ont ana families,

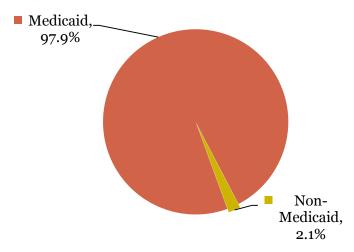
youth and children and to

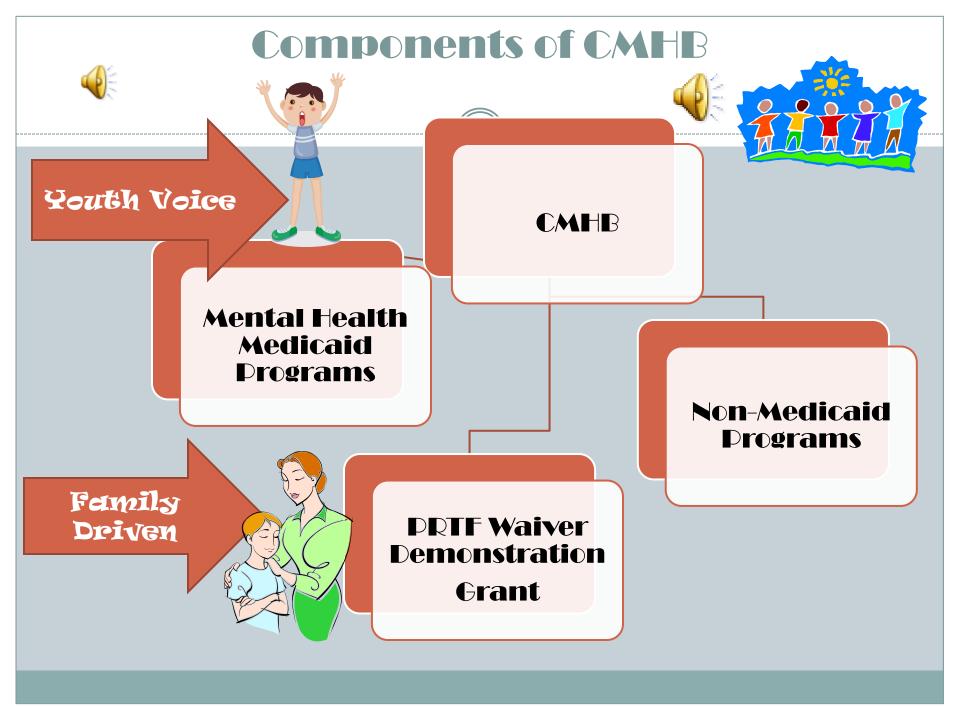
manage edicaid funded

ment al health services.

The Children's Mental Health Bureau (CMHB) manages state funded children's mental health services, which is primarily Medicaid funding.

SFY 2010 Expenditures (Medicaid versus Non-Medicaid, including state and federal funds)





The People of CMHB (Central Staff)



Bureau Chief, Bonnie Adee



Budget Analyst, Julie Frickel





Medicaid Program Officers

Diane White, PRTF, acute and partial hospital

Jamie Olsen Stolte, TFC, MHC services, all outpatient, CSCT liaison, Respite



Dan Carlson-Thompson TGH, ENA, TCM



PRTF Waiver Demonstration Grant Project Director, Laura Taffs

Evaluator, Jane Bernard

Five PRTF Waiver Plan Mangers





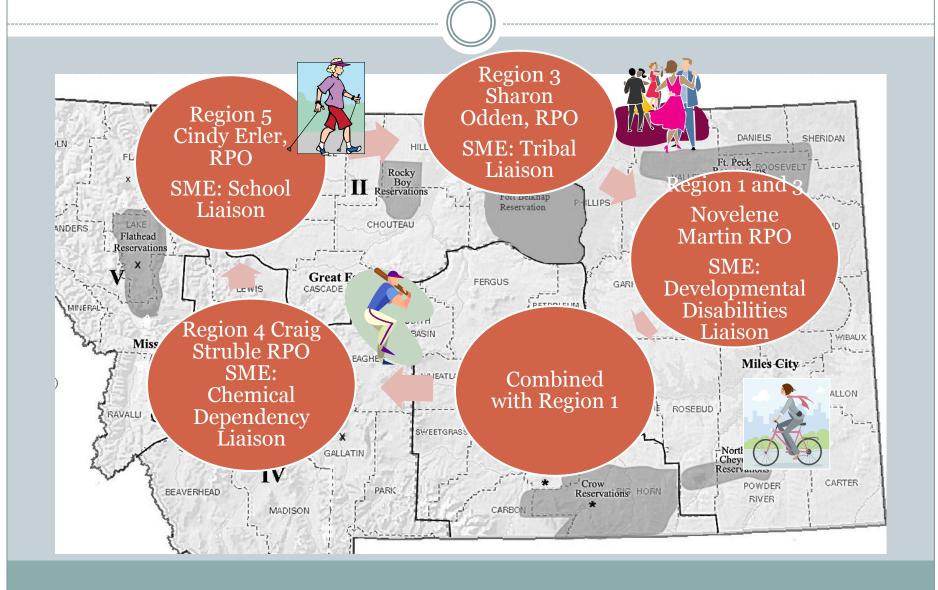
Family Liaison, Kandis Franklin

Youth Coordinator, Kristin Youngmeyer

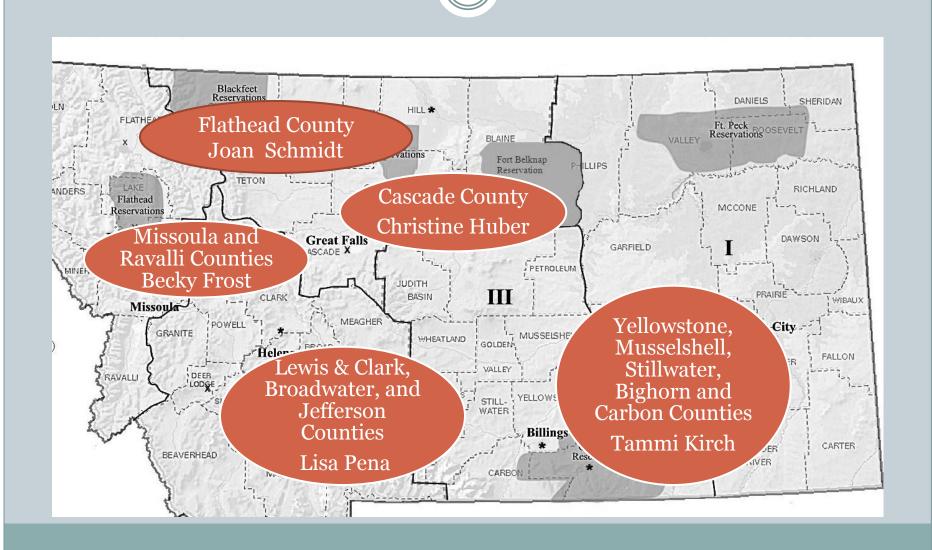
Four Regional Program Officers (SSP)



Regional Program Officers



PRTF Waiver Plan Managers



Overview of CMHB/HMK plus (Medicaid)

- CMHB is responsible for designing, developing, managing, paying for and evaluating mental health services for youth enrolled in HMK plus (Medicaid).
- The primary population served is youth with serious emotional disturbance (SED).
- The Bureau source of funding for the purchase of services is federal Medicaid dollars matched with state funds.
- The cost of administering mental health services for youth with SED is 5% of the total dollars spent on these services.

CMHB Administrative Functions:

- ✓ Design
- ✓ Develop
- ✓ Manage
- ✓ Evaluate

All in accordance with Federal and State Rules and Regulations.

Medicaid is a payer, not a placing agency. CMHB does not "place kids." CMHB administers payment for services provided to eligible youth who are entitled to mental health services that are medically necessary.

Montana Medicaid Programs for Children's Mental Health

CMHB HMK plus/Medicaid functions continued..

CMHB does



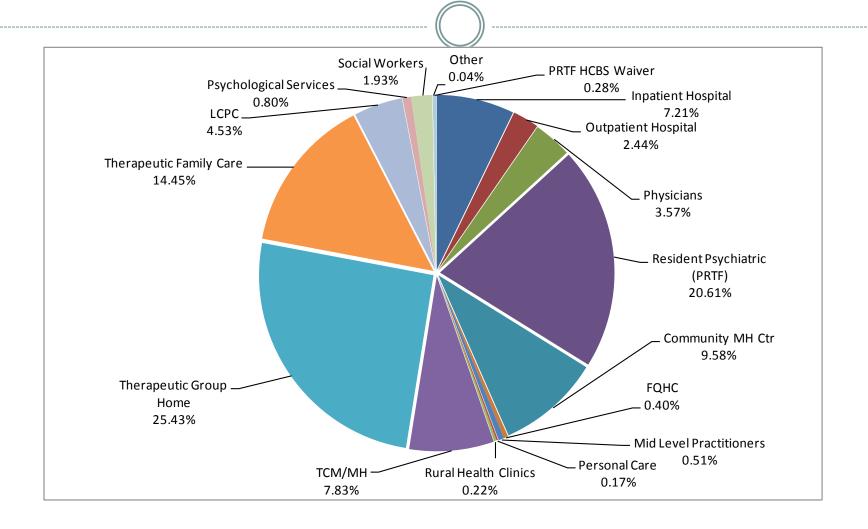
CMHB does not



- Manage UR contract with Magellan Medicaid Administration (MMA);
- Research, develop, and implement administrative rules and state plans to improve mental health services;
- Provide technical assistance to providers, families, other child serving agencies;
- Develop partnerships with all stakeholders;
- Represent the department during administrative reviews, fair hearings and other legal proceedings;
- Work with the federal government to implement federal policy/rule changes.

- Have legal custody of children;
- Give coding advice;
- Have independent authority to recover payment;
- License mental health centers, group homes, PRTFs and other licensing entities, or license mental health professionals;
- Manage youth chemical dependency services, adult mental health or school based mental health programs.

Services reimbursed by HMK plus (Medicaid) BY Provider Type



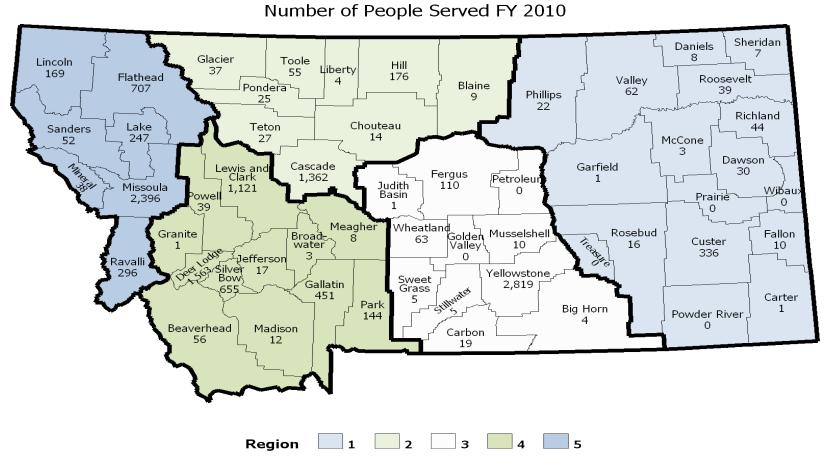
CMHB MEDICAID FUNDED MENTAL HEALTH SERVICES
BASED ON SFY 2010 CLAIMS

Youth Served by Provider Type (duplicated)

CLAIMS PAID IN SFY 2010										
PROVIDER TYPE	\$\$ SPENT	YOUTH SERVED								
Therapeutic Group Home	\$16,319,981	536								
Resident Psychiatric (PRTF)	\$13,231,297	417								
Therapeutic Family Care	\$9,275,927	1096								
Community MH Ctr	\$6,148,088	2082								
Case Mgmt/Mental Health	\$5,026,429	3355								
Inpatient Hospital	\$4,625,410	611								
LCPC	\$2,907,506	4359								
Physicians	\$2,292,974	4321								
Outpatient Hospital	\$1,566,107	1914								
Social Workers	\$1,239,405	2224								
Psychological Services	\$515,633	1102								
Mid Level Practitioners	\$329,719	1188								
FQHC	\$254,558	493								
PRTF HCBS Waiver	\$180,000	19								
Rural Health Clinics	\$139,691	471								
Personal Care	\$108,617	20								
Other	\$26,881	122								

Youth served statewide

DPHHS - Children's Mental Health Bureau



CMHB HMK Plus/Medicaid Eligibility

Eligibility Requirements:

Medicaid/ HMK Plus served approximately 9800 youth, with approximately \$63 million dollars in SFY 2010.

Youth under 18 years of age (or under 19 if still in an accredited secondary school) who meet the definition of having a serious emotional disturbance with household income under 133% FPL

- Non SED youth up to 18, (or under 19 if still in school) may receive up to 24 sessions of individual and/or family (combined) outpatient psychotherapy per SFY. Group psychotherapy sessions are not limited.
- Find the full definition of SED at http://www.mtrules.org/gateway/ChapterHome.asp?Chapter=37%2E87 ARM 37.87.303



Service Limits



CHILDREN'S MENTAL HEALTH BUREAU Developmental Services Division – DPHHS Medicaid Mental Health Plan and Mental Health Services Plan (MHSP) for Youth Services Excluded from Simultaneous Reimbursement August 1, 2011.

The following matrix identifies services with an "x" that will not be reimbursed when provided on the same day per ARM 37.87.901. All services must be medically necessary per ARM 37.82.102 (18).

	PHP	Day Tx	CSCT	OP	Respite	TGH	Mod TFC	Mod TFOC	Perm TFOC	ТСМ	PRTF
PHP		Х	Х	Х							Х
Day Tx	Х		Χ								Х
CSCT	Х	Х		Χ*							Х
OP	Х					X**			Х		Х
Respite						X					Х
TGH				X**	X		Х	Х	Х		Х
Mod TFC						Х		Х	Х		Х
Mod TFOC						Х	Х		Х		Х
Perm TFOC				Х		Х	Х	Х			Х
TCM											Х
PRTF	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	

Managing Services through Utilization Review

Contract with Magellan Medicaid Administration (MMA) for the clinical review
of medical necessity and prior authorization for most services, regional care
coordination, Board Certified physician reviews and appeals, maintenance of
electronic records, and utilization review reporting.



The department defines medical necessity criteria for each service which can be found at

http://www.dphhs.mt.gov/mentalhealth/ch ildren/services.shtml

• MMA uses the professional resources of its National Review Center in Richmond, VA, where it employs staff nurses, social workers, psychologists, and Board Certified Psychiatrists.

Non-Medicaid Programs billed to ACS

• Respite for families with SED youth who need short term relief from their care taking responsibilities. This is a limited benefit providing up to 12 hours per month or 144 hours per year.



Non-Medicaid Programs SSP

Supplemental Services Program (SSP)

- Funding is Maintenance of Effort (MOE) dollars through Temporary Assistance for Needy Families (TANF).
- Considered a capped non assistance program.
- Purpose is to strengthen families and support their ability to work.
- Short-term use and cannot exceed four months in a twelve month federal fiscal year but doesn't need to be consecutive

- Only available when HMK or HMK Plus does not cover the service requested.
- Limited to youth with serious emotional disturbance (SED) who are currently receiving HMK or HMK Plus
- Countable family income must be at or below 185% of the Federal Poverty Level (FPL). Youth receiving SSI, adoption or guardianship subsidies, or who are enrolled in a Medicaid waiver may be over income for SSP. Family income in these situations will be assessed.
- http://www.dphhs.mt.gov/publica tions/index.shtml#cmh

Overview of PRTF Waiver Demonstration Grant

- Montana is one of 9 states participating in a home and community based services (HCBS) 1915(c) PRTF Waiver Demonstration Grant approved by CMS.
- The purpose of the PRTF Waiver is to support youth in need of Psychiatric Residential Treatment Facility level of care to remain in their homes and communities with family.
- A Waiver allows the state to waive the statewide availability of services and to implement new service delivery options in specific sites or pilots.
- Youth enrolled in the Waiver have an individualized Plan of Care.

- The PRTF Waiver offers a package of HCBS services including High Fidelity Wraparound facilitation.
- Youth enrolled in the Waiver are eligible for HCBS waiver services in addition to Medicaid state plan services.
- The cost of PRTF Waiver services plus Medicaid State Plan services for a youth cannot exceed the average PRTF facility cost for the period the youth is enrolled in the Waiver.
- Youth must be Medicaid-eligible, meet PRTF facility level of care and be aged 6 through 17 to be eligible for the PRTF Waiver.
- Youth must live in a family in order to receive PRTF Waiver services.
- Waiver services cannot be paid for while youth is in a PRTF or hospital.

Policy and Rule Changes

CMHB communicates policy and rule changes through public notice via websites and emails.

Keep Email updated in ACS system! Online Resources:

Montana Medicaid Provider Information Website

http://medicaidprovider.hhs.mt.gov/index.shtml

Montana Secretary of State Website

http://www.mtrules.org/



Administrative Rules of the State of Montana - Microsoft Internet Explorer File Edit View Favorites Tools Help 🔎 Search 🬟 Favorites 🚱 🛜 🔻 🍃 📆 Address Shttp://www.mtrules.org/ mt.gov. SECRETARY OF STATE Brad Johnson You can **Montana Secretary of State** search by HOME SEARCH SUBSCRIBE COMMENT ABOUT US CONTACT US HELP text, rule Subscriber Login this is number Username: < email > MONTANA Password: Go or even Sign up Lost password? You do not need to subscribe to chapter search the ARM or Register. Subscription is free and allows number. users to save searches and create ministrative Rules of Montana (updated through June 2008) a book of commonly used rules. How to ... Full Text Search? You can Go By Department, Chapter, and Rule · Learn more about the Table of Contents Match words within current rules administrative rule process also get a in Administrative Rules of Montana Find Register publication dates By Rule Number ? By MCA Number ? . Subscribe to the ARM and table of Register Go Go e.g., 42.26.203 e.g., 2-3-103 Related Resources contents By Chapter Number ? Official Website By Title Number ? (Go Secretary of State listing. Administrative Rules and Notary e.g., 42.26 e.g., 10, 37 Services ARM templates Montana Administrative Register (from January 2007) Montana Code Annotated (MCA) Code of Federal Regulations (CFR) Full Toyt Sparch? Search By Notice No. ?

Department of Health and Human Services - Medicaid - Microsoft Internet Explorer

File Edit View Favorites Tools Help

























Address 💰 http://medicaidprovider.hhs.mt.gov/



A - Z Index



NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID

CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

Contact Us Definitions and Acronyms Early and Periodic Screening, Diagnosis and Treatment Electronic Billing Electronic Billing Companion Guides Emergency Services FAQs: Forms Medicaid Fraud and Abuse Medicaid Information Medicaid News National Provider Identifier Nurse First Passport to Health Provider Locator Search Provider Newsletters

Resources by Provider Type

Site Map

Team Care

Montana Medicaid Provider Information

WHAT'S NEW ON THE SITE THIS WEEK

Web Portal Maintenance

The MATH web portal will be unavailable on Saturday, October 18, from approximately 6 a.m. to 8 a.m. for scheduled maintenance.

Holiday eSOR Schedule

Due to the Columbus Day holiday, Electronic Statements of Remittance (eSORs) will be posted to the website on Tuesday afternoon, October 14, or Wednesday morning, October 15. Payments also will be delayed by one day.

New Inpatient Reimbursement Begins October 1, 2008

On October 1, 2008, the Montana Department of Public Health and Human Services implemented a new inpatient payment methodology based on All Patient Refined Diagnosis Related Groups (APR-DRGs). Effective for claims with first date of service October 1, hospitals must follow new billing requirements and will be paid under the new method. Any claims with an October admission date received in the first several weeks of October will be paid using the previous method and then automatically adjusted by ACS. All hospitals will continue to receive payments weekly during this transition period. For more information, visit the New APR-DRG Payment Method page.

Mass Adjustments in Process for Claims Requiring NDC

Effective April 1, 2008, the National Drug Code (NDC) is required to be billed in addition to the procedure code for certain physician-administered drugs for certain provider types. Claims with dates of service April 1, 2008, and after received between April 1 and May 29 were adjusted to process through the

Limited Care Coordination available for youth in PRTF

Two functions of TCM allowed as care coordination for youth in PRTF:

Monitoring and Referral (activities are defined in ARM)

Limited to 16 hours per month for treatment team attendance and up to 32 units within the last 30 days for discharge planning and to link and refer.

See Provider Notice dated 08/16/11

Titled: <u>Care Coordination Is Available on a Limited Basis</u> for Youth in a Psychiatric Residential Treatment Facility for more details.



Reimbursement Changes to PRTF and Ancillary Services

- Additional ancillary services are covered for a youth in PRTF.
- This applies to both in state and out-of state PRTFs.
 See Provider Notice dated 07/18/11
 Titled: 07/18/11. Reimbursement Changes for
 Covered Ancillary Services Provided to Youth in a
 Psychiatric Residential Treatment Facility (PRTF)
 and Additional Ancillary Services Are Covered

See MAR Notice 37-533 for official rule language

Prior Authorization Requirements Discontinued TCM and Outpatient Therapy Concurrent with CSCT AND 2% Rate Reduction

- ©Effective 07/01/2011 TCM does not require prior authorization and unit limits were repealed.
- © Effective 08/01/2011 Outpatient concurrent with school based mental health (CSCT) does not require prior authorization.

All services must be medically necessary. Guidelines for medical necessity is available in the *Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management, August 1, 2011 version.*

See Provider Notice dated:07/18/11
Titled

Prior Authorization Requirements Discontinued for Targeted Case Management (TCM) and Outpatient Therapy Concurrent with Comprehensive School Community Treatment (CSCT)

See MAR Notice 37-543 for official rule language



Effective 09/01/2011, most mental health service rates were reduced by 2%.

PRTF Waiver Site Denial



- Effective 07/01/2011, before a Medicaid eligible youth receives prior authorization for admission to an OOS PRTF, admission must first be requested and declined from all 3 in-state PRTFs and PRTF Waiver site (if the youth is from a county served by the PRTF Waiver.)
- See Provider Notice dated :06/24/11
 Titled <u>PRTF Waiver Site Denial Required</u>

CMHB and Effort to Engage Families



Implementing
Peer to Peer
Supports at
PRTF Waiver
Sites

Family Inclusion

Goal is to inform Medicaid policy

Family Education

NAMI Basics



Support Groups



Contract with PluK Statewide



Collaboration

NAMI PLUK

Family Support Network Federation of Families



Youth Voice/Youth MOVE

• <u>Mission</u>: Youth MOVE works as a diverse collective to unite the voices of youth while raising awareness around youth issues. We advocate for youth rights in mental health & the other systems that serve young people, while empowering them to be equal partners in the process of change.

Montana chapter since April 2010.



Web Resources

- http://www.dphhs.mt.gov/mentalhealth/children/missiongoals.shtml
- For Families Information
- For Youth Information
- Guides And Tips Sheets
- Organizations & Groups
- Training Opportunities
- For Providers Fee Schedule
- Information
- Manuals
- Forms & Applications
- Magellan Medicaid Administration
- Montana Medicaid Website
- Services excluded from simultaneous Reimbursement (Matrix)
- Supplemental Services Program (SSP)
- PRTF Waiver

Opportunities, Questions and Follow up??

